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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/396,947 07/18/2002
 and claims benefit of 60/415,507 10/03/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY UT	SHEETS DRAWINGS 11	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
Verified and Acknowledged	/LENA NAJARIAN/ Examiner's Signature	LN Initials					

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TITLE

Health maintenance methodology

FILING FEE RECEIVED 524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit